



Call-n-Ride
101 Monroe Street, 5th Floor
Rockville, MD 20850

Call-n-Ride RECERTIFICATION FORM

Identification #: _____ Date: _____

In order to continue as a participant, recertification is necessary. Please complete the following:

Name: _____ Date of Birth: _____ Age: _____

Street Address: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ How many other individuals live at your residence? _____

Is this a group, nursing, assisted living, retirement, or rehabilitation, etc. facility? _____YES _____NO

Please provide the following required information:

1. PROOF OF RESIDENCY IN MONTGOMERY COUNTY: Please send proof of current address in Montgomery County: Copy of a Maryland Driver's License (or Maryland Identification Card from the MVA), Social Security statement from within the past year, utility bill (gas, electric, water, or home telephone phone bill), IRS W-2 or 1099 form, receipt for personal property taxes or real estate taxes paid, voter registration card, current homeowners insurance policy or bill, monthly mortgage statement, or residential rental/ lease agreement.

2. INCOME: Please submit proof of income for all members of your household with this application. Proof of income must be: a copy of all household income tax returns, Social Security checks, Social Security award letters, pension letters, annuity statements, SSI, job earnings, bank statements to show interest, dividend payments, or IRA distributions, etc. **PROOF OF ALL INCOME MUST BE SUBMITTED WITH THIS FORM.**

2A. Do you receive SSI, GPA (General Public Assistance) or Food Stamps?
_____YES _____NO

2B. If YES, submit a letter of proof from the agency and SKIP to Section 3.

2C. If NO, what is the present monthly income of your household from all sources: \$ _____
Please submit a notarized letter, or a letter on agency letterhead, from the provider.

3. DISABILITY: DO YOU CURRENTLY HAVE A MENTAL OR PHYSICAL DISABILITY?

Please Answer: _____YES _____NO. (If you answered YES and you are age 18 to 66, you must provide the applicable disability form completed by a licensed physician. Seniors age 67 and older are exempt from this requirement).

3A. Do you use a regular taxi vehicle for your transportation? _____YES _____NO

3B. Do you exclusively require wheelchair accessible taxis for your transportation?
_____YES _____NO

4. PHOTOGRAPH: If your swipe card does not currently have a photograph, please provide us one passport size photograph of yourself to go on your swipe card.

The information I have provided is confidential and is to be used only to determine my eligibility to participate in the Call-n-Ride Program. I certify that all information contained on this form is true and correct. Maryland has a fraud law; punishment can occur for not telling the truth when applying for the Call-n-Ride program.

Signature _____ Date _____

PLEASE RETURN THIS FORM ALONG WITH THE REQUIRED INFORMATION WITHIN THIRTY (30) DAYS FROM THE DATE OF THIS LETTER TO:

**Call-n-Ride
101 Monroe Street, 5th Floor
Rockville, MD 20850**

IF WE DO NOT RECEIVE YOUR RECERTIFICATION RESPONSE WITHIN (30) DAYS FROM THE DATE OF THIS LETTER, YOUR SWIPE CARD WILL BE INACTIVATED AND YOU WILL NO LONGER BE ABLE TO PARTICIPATE IN THE PROGRAM. YOU WILL BE REQUIRED TO SUBMIT NEW APPLICATION TO REJOIN THE PROGRAM.

For questions contact Call-n-Ride at 301-948-5409 (Monday through Friday 9:00 a.m. to 4:00 p.m.), Connect-A-Ride at 301-738-3252 or the MC311 Call Center by dialing 311 from within Montgomery County.

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FOR OFFICE USE ONLY: Date: _____ **Income: \$** _____ **Subsidy:** _____